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About our cover . . .

Bartolomeo's Adoration of the Child. Ninth of a series of Journal covers.

Harriett Scantland, Editor

Elizabeth McQuaid, Assistant Editor

THE JOURNAL OF SOCIAL HYGIENE

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Journal Becomes a Yearbook

After careful study and consideration, the American Social Hygiene Association's board has decided the association's interests will be best served by using a variety of media in carrying out a public information program, and with this issue is discontinuing the *Journal of Social Hygiene* as a monthly publication.

The *Journal's* long tradition and its value as a reference source for scientific and informational articles about progress in VD control, anti-prostitution activities, and education for personal and family living will be preserved in an annual publication, the first issue appearing in December of 1955. Reports on current social hygiene activities—national and local—will be taken over by an expanded *Social Hygiene News*. Also, ASHA's staff will make increased effort to encourage professional and popular magazines of wide circulation to publish articles about significant events in the social hygiene field.

In its 40 years the *Journal of Social Hygiene* did its share in improving the social climate in city after city. The magazine helped bring about better VD controls, and showed the way toward sound family life education in schools and community groups.

The ideals that animated the *Journal* are listed on the back cover. With the help of all the friends of social hygiene—among whom we count each *Journal* reader—ASHA will continue to work toward these goals.

Social Hygiene Leader Retires

On January 1, Janus, Roman god of the opposite faces—god of the household door, god of all beginnings—will cast a benevolent look at Miss Eleanor Shenehon. For on that auspicious day Miss Shenehon, ASHA's associate director and one-time editor of this journal, adds emeritus to her title and sets out upon a life of retirement.

And while it pleases Janus to look smilingly upon her future, he will simultaneously and just as approvingly look into her past. There he will see 17 years of service to social hygiene. He will see a deep concern for the nation's homes and families. He will nod and say, "These I have guarded too."

For Miss Shenehon has given much to this association. She has left an impress of balanced judgment and breadth of vision, of diverse interests and unerring perception. There is stimulation in her quick, facile speech, charity and wisdom in her writings, charm in her flashes of humor.

Most recently she has been engaged in a study of the current VD situation and in coordinating ASHA's anti-VD activities with those of other national organizations. To this activity she brought an aptitude for statistics and a knowledge of federal interrelationships. Less tangible but perhaps more telling have been her flair for working with people and her interest in their welfare.

On this occasion the Journal welcomes the opportunity to say for her many friends and associates a grateful "thank you" to Miss Shenehon. May she fare well in the years to come.

Notable Quote

"To the public health physician, statistics of morbidity and mortality are not merely digits from zero to 9; they stand for people who live in homes, work in fields, factories and stores, go to school and church, fall in love, marry, raise children . . . in short, people who have the same joys and sorrows we all experience in normal living.

"He knows these people and their problems.

"When the morbidity and mortality rates are lower, he pictures to himself hundreds of thousands of homes where a child still plays in the sunshine, or a father still protects and provides for his family . . . because public health services have succeeded in preventing disease and death."

—WALTER CLARKE, M.D.
Executive Director Emeritus
American Social Hygiene Association

Family life education at work in the community

by Curtis E. Avery

For a number of years, the E. C. Brown Trust's activities have enabled us to observe community family life education programs and to develop theories for their improvement. We have come to the conclusion that their success depends not so much on what services they offer but how well they are coordinated.

Coordination, we find, introduces factors beyond the services themselves . . . the work of parents and teachers, the support of the clergy, judges, newspapers, civic organizations and officials. On the periphery and sometimes in the forefront are the social workers, psychiatrists and counselors. "Outside experts" may come and go, but others are always on hand—the mental health associations, extension services, boards of health, welfare departments, foundations and councils on family life—ready to help by supplying books and booklets, films and filmstrips.

These are the resources available in most communities for family life education. When a program fails, there have usually been faults of leadership or faults of communication.

The leader (or the leadership team) in community family life education should be a source of constant stimulation, enthusiasm and new ideas as well as professional knowledge and skills which give intelligent direction to the program. The leaders, of course, cannot issue orders or commands, but they must control and coordinate. Their leadership must be firm but unobtrusive, even undetected if possible. It should be continuing, not merely for a year or so, but *ad infinitum*. And finally it depends on a really good staff, properly equipped and located as near the scene of operations as possible.

These are difficult qualifications to meet . . . and too frequently they are not met. Instead, leadership is apt to be tragically accidental. For instance, leadership may be assumed by someone with an overweening need for ego-satisfaction,

This article grew from a talk given by Mr. Avery at the annual meeting of the National Council on Family Relations in Oakland, Calif., July 9, 1954. His ideas about community family life education derive from four years' experience, chiefly with the Oregon Development Center Project in Family Life Education.

someone with a self-image of Messiah-like proportions and a sincere but nonetheless pathological drive to "do good." Such a leader is like an ancient military commander who left his troops in bivouac and went forth alone with sword and buckler.

If the community escapes this kind of leadership it may fall under the spell of a person who believes whatever is wrong can be cured by a simple home remedy. These are the leaders who organize vigilante squads to control exuberant juveniles, propose laws to punish parents for the transgressions of their children, advocate castration of sex offenders. Since they are not really interested in family life *education* they deserve no more consideration here, but a very close cousin of theirs does merit close inspection.

The narrow view

This is the person with a real capacity for leadership and with considerable knowledge and background, but so devoted to a particular profession that he can think only in its terms. Under him the most common program is one of offering "services"—child-guidance clinics, family counseling centers, opportunities for professional advice to local workers. Such services are, of course, essential . . . but relying on them (as many communities have) for the entire family life program is like withdrawing all the infantry and artillery from battle and sending the medical corps, armed only with hypos and bandages, to the front.

Occasionally a lay citizen peculiarly endowed with wisdom, training and enthusiasm becomes a *real* leader. Then one of three things is almost certain to happen:

- The leader grows tired of his responsibility and passes it on to a less able successor.
- He moves away, becomes ill from overwork or dies—and no successor at all has been developed.
- The program is so successful that it grows beyond his capacity to administer because of inadequate down-to-earth clerical and mechanical facilities.

Another kind of leader is the able "outside expert" who through a series of meetings, discussion groups or classes is able to develop a good program. But his leadership also is often merely temporary. When he is not personally directing operations or when he finds it necessary to abandon the community to go on to another, the program dwindles to desultory film showings or meetings.

The quality of leadership, then, is the most common cause of failure in community family life education. The next most common cause is faulty communication.



Curtis E. Avery—Colorado born, diversely educated at Pomona College, Columbia, Yale and Stanford. Air Corps officer during the war, now director of E. C. Brown Trust and University of Oregon professor of education.

There are several aspects of faulty communication in family life education. Sometimes the lines break down. For instance, the E. C. Brown Trust could have avoided weeks of fumbling in one community where our help was asked if we had known three other agencies were also working there . . . and none aware the others were involved.

A more usual source of trouble lies in the coding and decoding of messages. The ether is filled with dots and dashes easily read by anyone who knows International Morse, but the messages, although they appear to be "straight," are frequently themselves coded and the key is missing. The result is again lack of coordination, this time through misunderstanding.

In one Oregon community a youth council, which had met regularly for three years, was featured in the press for its "model program." Recent private talks with each member revealed that no two agreed about the council's purpose, function and activities. Here was an example of failure to understand the incoming and outgoing messages of the previous three years.

Another example of faulty communication through code difficulties is the term *family life education* itself. Save for the companion term *sex education*, no other phrase using the word *education* is so likely to produce an emotional reaction from the layman. Because some people don't have the key to this term they sometimes call it "immoral," "new fangled," "a waste of taxpayer's money" and "communistic." For five years in conducting classes and workshops for teachers and parents under the general heading of family life education—even when they were friendly and accepting—we have found no problem as great as explaining the meaning of family life education.

Professionals, too

Even informed people misunderstand the term. Professional people on occasion have asserted publicly and seriously that it is simply a euphemism for sex education . . . and others apparently believe it a synonym for mental health education or home economics.

The press furnishes another illustration of faulty communication. Last May, Bertram M. Beck of the U. S. Department of Health, Education and Welfare

addressed the National Congress of Parents and Teachers on juvenile delinquency. He made three suggestions for prevention:

- Informed talks with parents on child-rearing.
- Public assistance programs.
- Community moves to strengthen church and synagogue.

Commenting on this address, one newspaper said editorially:

"Whether advice on child-rearing would be effective is open to serious question. Many of the delinquents of today were raised 'by the book,' wherein psychology and other 'scientific' lore in large part replaced the loving affection and strict discipline of earlier generations. Public assistance may be of help in poverty-stricken homes but it obviously would have no effect among the juvenile delinquents of the 'better' districts, the rise of which Mr. Beck himself pointed out. How to make churches attractive to the young is a difficult question, largely unsolved. Compulsory church attendance would tend in many cases to drive the youngsters away from these centers of good influence rather than attract them."

The editorial then proceeds to develop its own explanation for juvenile delinquency, with the implied solution in the realm of international politics: "So long as the cold war continues and threats of hot war disturb normal living, juvenile delinquency will flourish."

The editorial writer obviously had no key or the wrong key in decoding Dr. Beck's message. As a result, the next time we invite Mrs. Citizen Doakes to join the PTA study group she is apt to remember what the newspaper printed and say, "What's the use? It's up to Ike to get us out of the cold war."

These are two of the difficulties in building a community program for family life education, two of the most frequently encountered causes of failure—



Social aspects

faulty leadership and faulty communication. Of course, there are countless other obstacles and problems, but these are basic.

What it is

Now for the positive or constructive side of community family life education. First, communication. The fundamental problem is agreeing on the meaning of the term *family life education*. We can define it this way: Family life education involves any and all experiences in the home, community and school that help the individual develop to his fullest capacity as a present or future family member—experiences that equip the individual to solve most constructively the problems unique to his family role.

That definition is broad and clear. But in its very breadth it is a little disappointing. Let's see whether we can sharpen it.

Let's stipulate that family life education in a community means achieving the widest possible understanding—at the appropriate age levels—of the following:

- The nature and causes of human behavior and the development of personality (including child-rearing).
- The normal processes and stages of human growth and development.
- Sex, not only in its physical and physiological aspects, but also in its psychological and social aspects.
- The nature and function of the family in our society.
- Group and interpersonal processes and dynamics.

It involves also providing specific training for courtship, marriage and parenthood, and practical instruction in the home skills (including budgeting, buying, cooking and repairing) *for both sexes*. And finally it includes providing adequate facilities for therapy and counseling.

Family life education must include *all* of these. When we understand this, our communication will be improved.

But communication about family life education, and communication between those involved in it, will be inadequate unless all involved not only accept these aspects intellectually as parts of the whole picture but also acquire competency in the skills implied by them—especially the dynamics of relationships. Moreover, there must develop an emotional acceptance, a feeling of security and objectivity about all these facets of family life education.

This acceptance and security come best when family life education employs the so-called "workshop way of learning" and provides the permissive climate in which a person may ask and say what he will, working out meanings with his

fellows rather than accepting them ready-made on authority. Feelings and emotions and attitudes are very near the surface in family life education and very much involved in communication. Slow and frequently discouraging as it is, the workshop method seems to me to offer the best way of bringing about understanding and adjustment.

Now for leadership, the real crux of the whole subject. Good leadership provides four elements . . .

- Stimulation, new ideas and enthusiasm.
- Professional knowledge and skills.
- Unobtrusive firmness.
- Continuity.

To these we have added two physical requirements:

- Proximity to the scene of operations.
- Adequate and properly equipped staff.

Leadership implies and involves organization and structure. Family life education in a community depends on national and state leadership that meets these standards.

Assuming—just for convenience—there is adequate national leadership, let us look at our states. Lack of coordination is their common fault. Mental health associations, extension services, state councils on family relations, foundations and other state level agencies and organizations are liable to follow independent programs in the communities they serve, and lose the effectiveness united effort would give them.

Good state leadership should stem from a truly cooperative council of all state agencies engaged in any aspect of family life education. In the council room they can pool resources, criticize new ideas and work out basic philosophies. They can cut to a minimum the eager-beaver, hit-and-run, do-for-the-sake-of-doing kind of activity traditionally characteristic of many state programs.

More important, this council can view the entire theater of operations with perspective and know what is going on. Its chairman should possess qualities of leadership, and should not be closely associated or identified with any one agency.

As for the "outside experts"—they should have an opportunity to spend more time in fewer communities as real temporary leaders while local leadership teams are developing. It is essential that they become well known in the communities they serve and in turn know the communities intimately.

Their contributions are two-fold. In phase one they offer classes for parents, teachers and potential leaders. They consult with professional and semi-professional people in the community. And perhaps most important, since they are spending enough time in the communities to do so, they build rapport with local leaders and help them see the desirability of mutual cooperation. All this may require as much as two years' close attention to each community. In any one state, the "outside expert" serves only as many communities as he can handle efficiently . . . the rest have to wait their turn.

After laying this groundwork, the expert enters the second phase of his activities. Now he may return from time to time to a community—on request—to support special measures in emergencies. He brings with him, in addition to concrete materials, the advice and encouragement agencies need. When his mission is accomplished he leaves. It is a very real advantage to him to be able to return to a town that he knows intimately and that knows him equally well.

Although this suggested plan for developing leadership may not appeal immediately to community leaders, it has proved workable and good.

Keeping in mind all these requirements, think of the typical community and try to identify the occupations of the people most likely to meet our criteria. There appears to be no doubt that adequate leaders are most likely to be found in the schools. The individual may be the superintendent, a principal or a specially qualified teacher. Who else is so likely to have the professional background, the interest in children and the experience with them, the continuity of service, the staff and facilities—and who, not excluding even the parents, is as close to the actual scene of operations?

Men working





Basic to school leadership—the teacher

True, the schoolmen may not have the necessary enthusiasm, and their professional backgrounds and training may not be precisely adapted to family life education. But it will be the function of state agencies to instill the enthusiasm and to sharpen and reshape the professional training. It can be done. When it has been done, not only for the superintendent or other leader but for the majority of teachers likewise, the general level of teaching (quite apart from family life education) will be improved immeasurably.

Reaching the home

The work of the teachers will extend beyond the classroom and into the homes. Some teachers will conduct study groups for parents of children in their classes. Others will fill the need, always so strongly felt, for more study group and discussion group leaders. And teachers will find ways of working directly with parents to reach those usually not touched by community family life education programs because they are not members of PTA's or churches.

The ramifications of this community leadership potential are intricate and far-reaching. The objections to it are many. There is not space here to anticipate them and deal with them all. However, there is one obvious objection which we should deal with now. We have apparently left out of our leadership scheme—in fact, left out of everything—the contributions of the churches, courts, welfare departments and civic groups like the PTA. So one final word about community leadership.

This plan does not allocate to the schools the *sole* responsibility for directing and administering the family life education program. Working with the schools and the school leader should be a community council representing the clergy, police, courts, welfare, PTA and all the other youth and family-serving agencies and civic organizations. The function of this community council is not to furnish direct service . . . it is to plan and guide.

Now, in closing, just a quick close-up of how we can build a workable program in community family life education. If the state council—through its experts who have worked extensively and long in the community—has oriented, trained and counseled the school leader and the teachers, what will be the program?

The schools, in contact with all children and many parents, will be responsible for these activities:

- Integrating in the classroom all the aspects of family life education listed earlier, in all grades.
- Providing special high school courses in courtship and home skills and in preparation for marriage.
- Counseling and working with pupils who have problems, and referring children in need of special treatment to other services.
- Working with parents individually and in groups.

The community council, inspired and gently guided by school leaders, will be responsible for these activities:

- Collecting and disseminating information about all community agencies offering services related to family life.
- Interpreting to the community—through newspapers, the churches, the library and other channels—the best that is known and thought about family life education.
- Planning meetings, forums, study groups and special training courses, using the services of teachers frequently and of organizations belonging to the council—and calling for support from the “outside experts” occasionally.
- Coordinating the entire community program to avoid costly and ineffective single-action projects . . . not by coercion but by the tact and skill in group activities of the council’s leaders. This skill is basic to successful family life education.

Where military and civilian meet

With a focus on Boston

by Nicholas J. Fiumara, M.D.

My purpose is to examine the work of the Armed Forces Disciplinary Control Boards, particularly the New England board, which I have served as a civilian adviser since 1947.

My review of the board's activities will focus on three points . . .

- The board's organization and operation.
- Its relationship to other military and civilian agencies, and its role in the community.
- An evaluation of the work of the New England board to determine whether it is accomplishing its objectives.

Purpose and organization

The original Armed Forces Disciplinary Control Boards, organized on October 14, 1946, were known as Joint Army-Navy Disciplinary Control Boards. They were formed to assist commanding officers in reducing and repressing conditions inimical to the morals and welfare of service personnel. In addition, they were to aid the Army and Navy in discharging their responsibilities under an eight-point agreement (between federal and voluntary agencies) on measures for controlling VD.

The order creating the joint boards—signed by the late Robert P. Patterson, then Secretary of War, and the late James V. Forrestal, then Secretary of the Navy—resulted in the formation of two types of boards, a Central Joint Army-Navy Disciplinary Control Board in Washington, D. C., and local boards throughout the country.

The central board had two objectives . . .

- To keep itself informed of the activities of the local boards.
- To recommend to the Army and Navy ways local boards can help improve conditions detrimental to the health and moral welfare of servicemen.

Though advisory, this board wielded considerable influence, as its membership indicates:

For the Army . . .

- Provost Marshal General
- Chief of Preventive Medicine

For the Navy . . .

- Assistant Chief of Naval Personnel (responsible for training and welfare)
- Chief of Preventive Medicine

On July 1, 1947, four members were added:

For the Air Force . . .

- Air Provost Marshal
- Chief of Preventive Medicine

For the Coast Guard . . .

- Chief of Military Morale
- Assistant Chief Medical Officer

The central board met at least once a month in Washington to examine condensed reports from the local boards. After appropriate consideration, it recommended general policy or action to local Army, Navy, Air Force and Coast Guard authorities. In addition, from its central vantage point this board was able to determine which problems common to all boards were amenable to general service directives. It could note the methods of the more successful boards and communicate them to others for consideration and adoption.

A source of administrative strength, it prevented the vacillations of more than one local board.

Unfortunately, the central board was scrapped when a new directive governing the Armed Forces Disciplinary Control Boards was issued on March 15, 1950. This was indeed a mistake. To compound the error, reports of local boards are no longer channeled even to their respective service departments unless the local authority considers a particular report of special interest to Washington.

The re-establishment of the central board is one constructive step which can be taken by the Department of Defense to protect the welfare and morals of the Armed Forces.

Local boards

The original boards consisted of four senior officers on duty within each board's jurisdiction and representing:

- Naval discipline
- Naval medicine
- Army provost marshal
- Army surgeon

Like the central board, the local boards were expanded on June 6, 1947, to include senior officers representing:

- Coast Guard discipline
- Coast Guard medical officer
- Air Force provost marshal
- Air Force medical officer

Under the directive of March 15, 1950, still in effect, there are local boards today in each Naval district, Coast Guard district, Army area, numbered Air Force and Continental Air Command, and in the headquarters command area of the Air Force. In addition, commanding officers of these areas may establish additional sub-boards as necessary.

The duties and functions of each local board are these:

- To meet in regular session at least once a month and as often in addition as required.
- To consider reports on improper discipline, prostitution, venereal disease, liquor violations, disorder, and other undesirable conditions affecting service personnel.
- To report to the various service commanders any such conditions found to be detrimental to the morals and welfare of servicemen and to recommend a course of action.
- To cooperate with civil authorities about problems within their control, in accordance with service directives.

- To recommend designated places off-limits or out-of-bounds after appropriate warnings to proprietors, and to recommend the removal of off-limits or out-of-bounds restrictions when conditions again become satisfactory.
- To report to appropriate commands on board meetings and recommendations.

It is obvious that the local boards are advisory but have quasi-judicial functions. It is their duty to collect and weigh reports—from both military and civilian sources—of conditions which may jeopardize the morals and welfare of service personnel.

Advisers

In addition to the eight officers composing the local board, local military personnel—both medical and disciplinary—as well as representatives of certain civilian agencies attend as advisers. The effectiveness of civilian advisers varies from board to board. In some, as for example the Boston board, several participate. In others the lack of civilian representation reflects on the board or the official health and protective agencies or both.

As one examines specific problems the local board considers, one sees they concern both military and civilian authorities. Efforts by the military to prevent and control these problems, including VD, are effective only to the degree that civilians coordinate their activity. While each group must assume responsibility in certain areas, their efforts should be integrated. Board meetings reveal whether military and civilian authorities are taking advantage of an opportunity to work as a team.



Through their union bartenders serve as special advisers to the board.

Teamwork, if it is to exist at all, must be founded on mutual respect and understanding of the similarity of goals. It is therefore imperative that civilians from voluntary and official health and protective agencies participate. At an absolute minimum there should be at each meeting representatives from the following:

- Official agencies . . .
 - Health department (VD control and sanitation)
 - Police (state and local)
 - Fire department (prevention and safety)
 - Licensing boards (state and local)
 - Courts (juvenile and general)
 - Probation officers (for juveniles and adults)
- Voluntary agencies . . .
 - Churches
 - Social hygiene groups (national and local)
 - Red Cross
 - Travelers Aid
 - Catholic Youth Organization
 - YMCA
 - Chamber of Commerce
- Certain businesses (licensed beverages, brewers, restaurants, liquor stores)
- Labor (specifically union agents representing bartenders, hotel and restaurant employees)

This is a formidable array of civilian advisers. Each has a contribution to make . . . each is responsible to some degree for safeguarding servicemen during their off-duty hours.

The procedures of local boards differ widely. It seems this disparity is directly correlated with the degree to which military and civilian agencies cooperate.

In Boston

The Boston board (formed January 8, 1947) opens with an invocation by a military or civilian chaplain designated in advance. It proceeds then to a reading of the minutes and the decisions of the last meeting, and announces the agenda. At this point, guests and new civilian or military advisers are introduced.

The business of the board continues with reports on improper discipline, prostitution and VD. The state VD control officer presents his monthly report

of cases, civilian and military. The military cases are reported according to service, place of encounter, and place of exposure. Establishments named twice or more either as a place of encounter or place of exposure in any one month come up for the board's consideration. The board is particularly interested in juvenile VD contacts of the military and in the extent of prostitution and homosexuality.

Following the venereal disease reports, the Armed Forces police present data on liquor violations, including sales to minors, and infractions of the sanitary code.

As each report is presented, the board asks the advisers to comment. The board refers problems that come under civilian control to the appropriate representatives present—for example, legal infractions to the police; liquor violations to the police, licensing boards and the liquor industry's representatives; sanitary problems to the food and drug division of the health department. In addition, it notifies the proprietor of an offending establishment of conditions the board considers inimical to the welfare and morals of the Armed Forces. If the civilian agencies are not able to correct the problem the proprietor is invited to appear at the next board meeting to listen to the charges and to defend himself.

The next order of business concerns the places whose proprietors have been asked to appear before the board. The secretary reports the specific charges, what action was taken to correct the situation, and the resulting failure to do so. The military and civilian advisers may then offer additional information. Following this, the proprietor comes into the board room, listens to the charges and explains them. He may have a lawyer if he chooses. After his testimony, the board thanks him for coming and informs him that he will receive a copy of its decision. The board and advisers then discuss the matter. When all who have an opinion or comment have expressed it, the board deliberates and arrives at its decision. This may be:

- Not guilty . . . no action.
- Guilty . . . off-limits.
- Guilty . . . 30 days' probation.
- Guilty . . . a warning.
- Guilty . . . to be kept under surveillance.

A matter for discretion

Responsible military officers well understand the impact of an out-of-bounds order. It is a confession of failure . . . failure by the military to obtain a proprietor's cooperation, failure by civilian authorities to clean up an unsavory

situation. But an out-of-bounds order is necessary at times. It should, however, be judiciously used . . . only when all other efforts have failed. In exercising this drastic punishment the board must look to the ultimate good of the military and civilian community. While taking care of one problem, an out-of-bounds order may inadvertently create a worse problem elsewhere.

It is better that an enlightened board work with civilian authorities to help a proprietor find a satisfactory solution . . . better that the military give civilians time to set in motion the complicated wheels of justice . . . better that the military use its civilian advisers to prod the dragging feet of the enforcement agencies. And where the morals of servicemen are involved, never underestimate the suasive force of organized religious groups.

Where local boards are buttressed with civilian advisers an out-of-bounds order is an infrequent weapon. It is there to be used as a last resort.

These are the problems the Boston board considered from 1943 through 1953, and what it did about them:

Major Problem	Under sur- veillance		Letter of Warning		Probation		Off Limits		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Venereal Disease	15	12.5	63	52.5	14	11.7	28	23.3	120	49.6
Sanitation	6	17.7	20	58.8	1	2.9	7	20.6	34	14.0
Teenagers	9	36.0	9	36.0	1	4.0	6	24.0	25	10.3
Sale of liquor to minors (military)	4	12.9	25	80.6	2	6.5	0	0.0	31	12.8
Riots	0	0.0	2	40.0	1	20.0	2	40.0	5	2.1
Uncooperative	1	16.7	1	16.7	0	0.0	4	66.6	6	2.5
Homosexuals	10	47.6	6	28.6	0	0.0	5	23.8	21	8.7
Totals	45	18.6	126	52.1	19	7.8	52	21.5	242	100.0

The board gave a sympathetic ear to the problem of homosexuality but maintained a sound policy. It is unwise to have military personnel patronize establishments catering to homosexuals. The dangers of homosexual exposures are obvious. Equally undesirable are the fights and riots which almost invariably follow when servicemen and homosexuals meet.

How effective was the board in helping to control venereal disease among service personnel? It is hard to say. The graph gives a picture of our experience in Massachusetts with VD from 1942 to 1953. There are a rise in reported cases of VD among military personnel during World War II and a postwar decrease through 1950. Then with the onset of the Korean war, a 35% increase occurred in 1951 over 1950, a 63.9% increase in 1952 over 1950, and a 49% increase in 1953 over 1950.

He received his M.D. from Boston University's school of medicine. Now he lectures there and at Tufts' medical school, and directs VD control in Massachusetts.

Nicholas J. Fiumara, M.D.



Assuming that the attack rate remained the same as in 1950, one would expect a greater increase in incidence during the war years, which brought at least a four-fold increase in the military population in Massachusetts. This has not occurred, and it can be attributed to joint civilian-military action, including the work of the Armed Forces Disciplinary Control Board of Boston.

Summary

Armed Forces Disciplinary Control Boards were organized in 1946 to protect the serviceman by reducing and repressing conditions inimical to his morals and welfare . . . specifically, improper discipline, prostitution, venereal disease, liquor violations and disorder.

Each board is composed of two representatives of each branch of the Armed Forces, one representing discipline and the other medicine. Each board is buttressed by civilian and military advisers. The problems it considers are not unique with the military but are the joint responsibility of military and civilian authorities.

These boards therefore represent a tremendous potential for good . . . good which can be realized only by the coordinated activity and joint participation of both military and civilian officials. The Boston board is an example of what can be done when military and civilian authorities join forces in working toward a common goal.

BOOK NOTES

by Elizabeth B. McQuaid

An Analysis of the Kinsey Reports on Sexual Behavior of the Human Male and Female, edited by Donald Porter Geddes (New York, Dutton, 1954. 319p. \$3.50) is reviewed by Dr. Maurice J. Karpf, consultant on family problems.

This "analysis" consists of a collection of reviews by well-known psychiatrists, educators and sociologists, and important contributions by an anthropologist, psychologist, theologian, marriage counselor, among others of note. In addition, the book contains several outstanding essays related to sex and human behavior by famous scholars and a selected bibliography on this subject—in themselves worth the price of the volume.

It is manifestly impossible to give even a sketchy outline of such a volume since it would have to be a "review of reviews." Suffice it to say that the serious student will find here penetrating and, on the whole, objective and dispassionate examinations of the positive and negative aspects of the Kinsey studies. The authors study critically their validity as tested by criteria derived from science and scientific method, as well as their effect on society.

One is almost tempted to say these commentaries are as important as the works they illuminate. The thoughtful reader—interested in social hygiene and in reforming some of our outmoded socio-sexual ideas, practices and codes—will find a careful perusal of this volume richly rewarding.

The Only Child, by Norma E. Cutts and Nicholas Moseley (New York, Putnam, 1954. 245p. \$3.50) informs parents of the special difficulties the only child faces and how to avoid them. Dr. Cutts is professor of psychology and education at New Haven State Teachers College; Dr. Moseley has taught at Harvard and Radcliffe.

Onlies, more than other children, need opportunities for making friends and for growing in independence. The chapter on sex and marriage points out that if both parents assume responsibility for bringing up their child and urge him to have a heterosexual social life in his teens, there is little likelihood he will develop an undue attachment for the parent of the opposite sex that will interfere with a happy marriage.

Apparently Onlies must build their marriage just as everyone else must, with reason and determination as well as love . . . for the authors conclude that the problems of the Only do not differ appreciably from those of the rest of us.

Living with Parents, by Grace Sloan Overton (Nashville, Broadman, 1954. 138p. \$1.50) is reviewed by Mrs. Fred McKinney, who wrote "A Parent Protests Against the Experts" for the Journal. Dr. Overton, counselor for teen-agers, is on the Columbia and New York University faculties.

Dr. Overton's latest book is addressed to teeners, but it aroused so much enthusiasm in this parent that I asked a younger member of the family what her judgment was. It seemed improbable that a book directed to one generation could interest both. But this book does that difficult thing successfully. Both readers had the feeling of sitting in on a counseling session with a calm and sensible counselor—a session in which parent and child are drawn together into mutual understanding.

Believable cases dealing with vocational decisions, dating practices, the need for privacy, and other matters peculiar to the age and basic to much parent-child friction, introduce and illustrate the author's points. The youngster is sometimes right, sometimes wrong . . . the parent is sometimes right, sometimes wrong. No one is a consistent villain. The people and problems are those of your own family or of your neighbors'.

By thoughtfully reading Dr. Overton's book, parents and teeners will surely gain mutual insights into and acceptance of the others' viewpoints, motives and responsibilities.

Health for Effective Living, by Edward B. Johns, Wilfred C. Sutton, and Lloyd E. Webster (New York, McGraw-Hill, 1954. 473p. \$4.75) is based on a study of students and personnel in 33 colleges throughout the country. Arthur Kneerim, of the Metropolitan Life Insurance Company's health and welfare division, reviews it.

This adaptable college text includes not only the how and what and why of health education, but a demonstration of its precepts as well. Effective living is the theme throughout and the manner is refreshingly free from any taint of authoritarianism. Where attitudes are important, as in the excellent section on premarital sex adjustments, the student is presented with a clear, detached and accurate statement of the facts and then democratically left to make his own choice of a way of life. No preaching.

The student's needs and interests have shaped the ingeniously organized contents to cover such specifics of personal and public health as diseases, mental health, nutrition, first aid, safety, quackery, public health practices and services, and a description of how public health is organized from the community to the world level.

From the social hygiene point of view, the book merits a special "up" since approximately one-eighth of the text concerns sexual adjustment before marriage and in marriage, with another 20 pages on parenthood.

There are many apposite tables and illustrations as well as an ample index.

Building Your Life, by Judson T. Landis and Mary G. Landis (New York, Prentice-Hall, 1954. 331p. \$4.00), a textbook for teen-agers, is reviewed by Elizabeth McHose, associate professor of health and physical education at Temple University.

The authors have realized admirably their objective of offering "in compact, usable form information and viewpoints that may help young people as they strive to make a healthy growth toward maturity in all their relationships: at home, at school and in the community."

The six parts of the text are comprehensive. "About you" centers on personality. "Learning to understand others" considers friendships, dating problems and social competencies. "Obligations" treats responsibilities at home, at school and in the community. "You and your family" focuses on interactions of members of the family and possible ways of solving the family difficulties of teen-agers. "Physical and mental health" includes leisure-time problems and wholesome ways of meeting them. "Growing up economically" discusses the significance of work as well as choice of vocation.

Well-documented tables and graphs should satisfy the teen-ager's perpetual "How do you know?" Each chapter contains a self-checking chart to help the pupil apply the content to himself, and closes with supplemental aids to enhance its usefulness to the teacher and challenge the student. The book abounds in attractive illustrations and cartoons.

This text was designed to help the beginning high school student. The six-part arrangement contributes to its flexibility, and as the authors suggest, any unit may readily be expanded to meet particular needs. The book would be very helpful also in schools which are in the process of integrating education for family living into the entire curriculum and which have to consider also the unmet needs of upperclass students who will never be reached by the program in its entirety.

The Adolescent in Your Family, by Marion L. Faegre (Washington, U. S. Government Printing Office, 1954. 106p. 25¢) is the fifth *Children's Bureau bulletin* (Pub. 347) in a series covering the prenatal period through adolescence. Dr. Ralph G. Eckert of the University of Connecticut reviews it.

This is another fine Children's Bureau publication for parents. The change of title from "Guiding the Adolescent" to "The Adolescent in Your Family" indicates the shift in emphasis from the directive treatment to the descriptive. Most of the illustrations reflect a family setting.

Mrs. Faegre discusses clearly and helpfully physical changes, breaking away from childhood, new responsibilities, companions, expected roles of boys and girls, adjustment to the other sex, emotional and health problems, and the parent's part in educational and vocational planning.

In view of the importance of sex problems, one might question whether the author gives parents enough help here. And too often references are alternately to boys and girls without indicating some of their basic differences in response. That physical readiness for parenthood precedes emotional and economic readiness receives only a mention. But isn't this a very important aspect of adolescence in our culture?

Parents will find this a warm and understanding bulletin, full of helpful suggestions promoting better feelings for their adolescents.

In-Laws: Pro & Con, by Evelyn Millis Duvall (New York, Association Press, 1954. 400p. \$3.95) is reviewed by Dr. Judson T. Landis. Dr. Duvall is a regional consultant to the American Institute of Family Relations.

This book is based on an analysis of 3,683 responses—75% from women—to a national network radio contest soliciting letters on "Why I Think Mothers-in-Law Are Wonderful People," and on responses from 1,337 other people asked to give brief information about the most troublesome in-law in their lives and the complaints they had about this in-law. Sixty of these people were interviewed.

No information is given on the ages and marital status of the 1,337 people who specified the villain in their in-law troubles. The fact that over half of them designated the mother-in-law suggests that the great majority were in the early years of marriage.

In discussing their comments and in drawing conclusions, the author overlooks an important aspect of in-law dynamics . . . the fact that much "in-law trouble" lies in the mind and personality of the one who is vocal about his in-law troubles and sensitive to what he feels to be in-law interference in his marriage.

The author attempts to draw conclusions about the incidence of in-law troubles by regions of the country and by religion—a seemingly unwarranted procedure because of the ways information was obtained (conclusions from radio listeners who volunteered). However, the content, on the whole valuable, should give the reader added insight into processes of interaction within families and interesting and varied information on the mother-in-law . . . from mother-in-law jokes to pointers on how to be a good mother-in-law.

Designed as a research report, the book contributes to our understanding of an important area of adjustment in marriage. Dr. Duvall did her best writing when she forgot the "research" and wrote from her experience and knowledge about in-law relationships. The last four chapters are especially good.

The Community and the Delinquent, by William C. Kvaraceus (Yonkers, N. Y., World, 1954. 566p. \$4.50) surveys the agencies concerned with delinquency, and reviews recent research. The author is on the faculty of Boston University. The reviewer is Henry J. Palmieri, director of social work for the District of Columbia's juvenile court.

If everyone interested in juvenile delinquency read this book, confusion and hysteria from a flood of investigations and publicity would lessen, concern would become more meaningful and understanding would increase. Understanding is basic to an integrated, coordinated approach to the problem locally and nationally.

Of particular interest to social hygienists are the chapters on reinforcing home and family life, and the central role of the schools. Various factors affecting the family—urban living, working mothers, family mobility and instability, materialistic values, the adolescent's prolonged economic dependence—increase juvenile delinquency, the author observes. For instance, the masculine role played by the working mother as the chief breadwinner may interfere with the growing boy's identification and later heterosexual development; often the delinquent does not have an adequate father figure with which to identify.

Of the school Kvaraceus says, "Treatment of the subject of home and family in the various grades needs to be articulated into a steady, continuous and systematic treatment of the basic home and family problems common to all young people."

The first four chapters are alive with explanations, descriptions and data about delinquent behavior. Of special interest are brief case studies and interpretations. The chapter on legal definitions and concepts is important because of the trend away from "specifically defined behavior descriptions." Opponents of this trend hold that it jeopardizes the child's legal rights; Dr. Paul Tappan calls it "legal nihilism." With the author's help, the reader can decide for himself.

Other equally informative chapters—on prevention, family life, the case study method, guidance clinics, group work, community action, police juvenile bureaus, institutions, juvenile courts, and the roles of the church and school—encourage understanding and the intelligent use of community resources. Several of these chapters help us sharpen our techniques for prevention as we shore up our overloaded corrective agencies.

The author works out necessary steps to insure a fair return to the community for the effort, skill and time it spends in controlling and preventing delinquency. He points out that "many child and welfare agencies have taken measures to strengthen the home by making parents define their own problems and seek out their own effective solutions." He explains clearly why he thinks the school's

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role in the community is central. Finding the churches' approach limited he indicates how they can take their rightful place alongside other social forces combatting delinquency.

Social institutions can do much to resolve the conflict in values that is created when some homes teach one pattern of behavior and schools teach another. Preserving a child's emotional, spiritual, physical and intellectual health depends on understanding his family's culture, his neighborhood's mores and his peers' standards.

The author clarifies what is involved in the individual handling of the delinquent and shows how treatment can be woven into a broad community pattern of integrated resources. This book will help bridge the gap—frequently long—between thinking and doing.

The Last Word



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